# City of Germantown EMPLOYMENT APPLICATION



THE CITY OF GERMANTOWN IS AN EQUAL OPPORTUNITY DRUG FREE WORKPLACE EMPLOYER

**Overview of the hiring and employment process:** This application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an **accommodation** in order to complete the application or any part of the hiring and employment process, please call the following number: **901-757-7274.** Prior to completing this Application be sure to read the **JOB DESCRIPTION** of the position for which you are applying.

As you complete the Application, please bear in mind the following: if an item does not apply to you, write N/A; we reserve the right to check all information for accuracy and completeness; all applications for employment are a matter of public record. Any misstatements or omissions of material fact herein may cause any offer of employment made by the City of Germantown to be withdrawn or employment with the City terminated. **Failure to fully complete this application in a legible manner may result in immediate rejection.** 

This application will be considered active only until the position for which it has been submitted has been filled. Any applicant wishing to be considered for employment other than the position applied for should inquire as to when applications are being accepted and reapply.

ate of Application:	Position Des	sired: 1		2
e you applying for: Part Time, What Days/Hou				al
ave you Applied with the C	City Before?	☐ Yes	□ No	
ave you Been Employed by	y the City Before?	☐ Yes	□ No	If YES, please complete the following
Length of Service: _			Position Held:	
Department:				
Department: PERSONAL IN				
PERSONAL IN	NFORMATIO	ON —		MIDDLE
PERSONAL IN	NFORMATI(	ON	FIRST	
PERSONAL IN our Name: ocial Security Number:	NFORMATIC LAST	ON —	FIRST Driver's License N	MIDDLE
PERSONAL IN  Our Name:  ocial Security Number:  hone Numbers: Home:	NFORMATIC LAST	ON	FIRST Driver's License N	MIDDLE

	Right to work in the	e U.S.? □ Yes	□ No			
Are you Over the Age	e of 18?	☐ Yes	□ No			
Have you Ever Been	Discharged, Termina	ated or Forced to Resign	n for Misconduct Or	Unsatisfactory Se	ervice From An	y Job?
☐ Yes	□ No If	Yes, Explain in Detail:				
Are you related to any	•		l Yes □ N			
If Yes, Pleas	e State Name, Depar	rtment and Relationship	):			
IF JOB REL	ATED, BUT DOES I	ne? Include Convictions  NOT NECESSARILY Ba  ude Date, Charge, Disp	AR YOU FROM EMP	PLOYMENT):	□ Yes □ N	o If Yes, Pleas
Do you Possess A Va			□ No			
		Expirati				
	-	alid Commercial Driver			□ No	
II Yes, Pleas	e List Class:	And F	endorsements:			
• YOUR EDU	JCATION AN	D TRAINING				
YOUR EDU  Circle Highest Grade		HIGH SCHOOL 1 2 3 4	COLLEGE 1 2 3 4	GRADUA 1 2	ATE SCHOOL 3 4	
	Completed: NAME & ADI	HIGH SCHOOL 1 2 3 4	1 2 3 4	DEGREE	3 4	MAJOR COURSE WORK
Circle Highest Grade	Completed:	HIGH SCHOOL 1 2 3 4	1 2 3 4	1 2	3 4	MAJOR COURSE WORK
Circle Highest Grade  SCHOOLS  HIGH	Completed: NAME & ADI	HIGH SCHOOL 1 2 3 4	1 2 3 4	DEGREE	3 4	
Circle Highest Grade  SCHOOLS  HIGH SCHOOL/GED  COLLEGE OR	Completed: NAME & ADI	HIGH SCHOOL 1 2 3 4	1 2 3 4	DEGREE	3 4	
Circle Highest Grade  SCHOOLS  HIGH SCHOOL/GED  COLLEGE OR UNIVERSITY  GRADUATE	Completed: NAME & ADI	HIGH SCHOOL 1 2 3 4	1 2 3 4	DEGREE	3 4	
Circle Highest Grade  SCHOOLS  HIGH SCHOOL/GED  COLLEGE OR UNIVERSITY  GRADUATE SCHOOL  VOCATIONAL	Completed: NAME & ADI	HIGH SCHOOL 1 2 3 4	1 2 3 4	DEGREE	3 4	

#### • EXPERIENCE

## A RESUME OF YOUR EMPLOYMENT RECORD WILL NOT BE ACCEPTED IN PLACE OF THE REQUESTED EMPLOYMENT INFORMATION.

Starting with your current or last job, list your last three (3) employers since age 18. If your last three (3) employers do not cover a period of ten (10) years, list previous employers including self-employment, military service and volunteer work, to account for ten (10) years of employment. Use an additional sheet, if necessary. Account for all periods of unemployment, but if you were unemployed because of medical reasons, do not give any specific information – just state "medical." A resume may be included as a supplement to the application.

PRESENT OR LAST EMPLOYER				
Complete Address				
Phone Number				
Starting Salary	Ending Salary	Hours / Week _		
Supervisor's Name and Title				
Your Job Title		May we Contact This Employer?	☐ Yes	□ No
Brief description of Job Duties:				
Reason(s) for Leaving:				
NEXT PREVIOUS EMPLOYER				
Complete Address				
Phone Number				
Starting Salary	Ending Salary	Hours / Week _		
Supervisor's Name and Title				
Your Job Title				□ No
Brief description of Job Duties:				
Reason(s) for Leaving:				
NEXT PREVIOUS EMPLOYER				
Complete Address				
Phone Number	Starting Date	Ending Date		
Starting Salary	Ending Salary	Hours / Week _		
Supervisor's Name and Title				
Your Job Title		May we Contact This Employer?	☐ Yes	□ No
Brief description of Job Duties:				
Reason(s) for Leaving:				

List any job related Special Qualifications and Skills (Licenses, Certifi	cations, Skills With Machines, Etc.):
List Computer Software programs and Number of Years Experience: _	
List Computer Software programs and Number of Tears Experience.	
• REFERENCES	
Please List Three Responsible Persons (Other Than Relatives or Former Emplo	
NAME ADDRESS	PHONE NUMBER YEARS KNOWN
1	
3	
• READ THE FOLLOWING STATEMENT BEFORE SI	
agree that any misstatements or omissions of material facts herein may withdrawn or my employment with the City of Germantown terminat Record and is subject to review upon request.	
checks consisting of the following: credit, criminal and driver's licens of employment is made to me, I may be required to submit to a phys authorize those parties having knowledge of my past (including fina information as requested. I respectfully request that former employer their organization and I hereby release them from any and all lial	se, and any other job related certifications. I understand that if an offer ical examination and a review of my medical history. Accordingly, I nicial and credit records) to cooperate in this procedure by releasing ers furnish the necessary information concerning my employment with boility for damages for providing information requested. In action, with the exception of medical, will become public record upon is I may have whether presently fully developed or not, against the City ing from the release, authorized or unauthorized, of the information
I understand that this investigation will be conducted prior to my being agree to conform to the rules and regulations of the City of German procedures and acknowledge that these rules and regulations may be option and without any prior notice to me. I acknowledge that if I am error without cause at any time by me or by the City of Germantown. I as submit to drug tests as required by the City of Germantown.	untown set forth in the City of Germantown's personnel policies & be changed by the City of Germantown at any time, at the City's sole mployed, my employment will be at will and may be terminated with
APPLICANT'S SIGNATURE:	Date:

APPLICATIONS MUST BE SIGNED AND DATED.
UNSIGNED APPLICATIONS WILL RESULT IN IMMEDIATE REJECTION.

City of Germantown

Personnel Department 1930 South Germantown Road Germantown, TN 38138



#### **NOTICE TO APPLICANTS**

Screening tests for illegal drug use may be required as a condition of employment.

### CITY OF GERMANTOWN

1930 South Germantown Road, Germantown, TN 38138 Phone: (901) 757-7274 - Fax: (901) 751-7550

#### PRE-EMPLOYMENT BACKGROUND INVESTIGATION CONSENT FORM

The undersigned, referred to as "Applicant", hereby authorizes the City of Germantown either directly or through its agent to investigate Applicant's background. This may include information as to character, financial responsibility, criminal and/or civil records. Records from public and private sources may be reviewed concerning criminal history, civil court cases, credit history and references. Applicant acknowledges that a fax or photographic copy shall be as valid as the original. Applicant further understands that a complete disclosure of the nature and scope of this investigation may be obtained by a written request received within ninety days.

This information below is required to obtain requested records and must be completed by all Applicants. The City of Germantown requests this information <u>for the sole purpose</u> of facilitating the investigation of Applicant. Certain information provided herein by Applicant will not be considered or used by the City of Germantown in determining whether Applicant will be accepted as an employee. This information is denoted below by an asterisk (\*). Please **PRINT CLEARLY** all information below.

Last Name	First	Middle
Other Names Used		
Current Address	City/State/Zip	How Long?
Previous Address	City/ State/Zip	How Long?
Date of Birth (required)*	Social Security Numb	per (required) M / F
Driver's License Number	Issuing State	Expiration
I hereby authorize, without institution, credit bureau, or referto furnish the information describ	ences contacted by the City of	
Applicant Signature:		Date: